

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

-----X  
JOSE BAUTA,

Plaintiff,

-against -

No. 14-cv-3725 (RER)  
**Special Verdict Form**  
(Part I)

GREYHOUND LINES, INC. and SABRINA ANDERSON,

Defendants.

-----X  
RAMON E. REYES, JR., U.S.M.J.:

1. HAS PLAINTIFF ESTABLISHED BY A PREPONDERANCE OF THE EVIDENCE THAT HE SUFFERED A LUMBAR INJURY?

YES ✓ NO \_\_\_\_\_

If you answered "Yes" to question 1, continue to question 2.

If you answered "No" to question 1, continue to question 3.

2. HAS PLAINTIFF ESTABLISHED BY A PREPONDERANCE OF THE EVIDENCE THAT HIS LUMBAR INJURY WAS CAUSED BY OR EXACERBATED BY THE ACCIDENT THAT OCCURRED ON OCTOBER 9, 2013?

YES ✓ NO \_\_\_\_\_

Continue to question 3.



3. HAS PLAINTIFF ESTABLISHED BY A PREPONDERANCE OF THE EVIDENCE THAT HE SUFFERED A CERVICAL INJURY?

YES \_\_\_\_\_ NO ✓ \_\_\_\_\_

If you answered "Yes" to question 3, continue to question 4.

If you answered "No" to question 3, continue to question 5.

4. HAS PLAINTIFF ESTABLISHED BY A PREPONDERANCE OF THE EVIDENCE THAT HIS CERVICAL INJURY WAS CAUSED BY OR EXACERBATED BY THE ACCIDENT THAT OCCURRED ON OCTOBER 9, 2013?

YES \_\_\_\_\_ NO ✓ \_\_\_\_\_

Continue to question 5.

5. HAS PLAINTIFF ESTABLISHED BY A PREPONDERANCE OF THE EVIDENCE THAT HE SUFFERED A TRAUMATIC BRAIN INJURY (TBI)?

YES \_\_\_\_\_ NO ✓ \_\_\_\_\_

If you answered "Yes" to question 5, continue to question 6.

If you answered "No" to question 5, continue to question 7.

6. HAS PLAINTIFF ESTABLISHED BY A PREPONDERANCE OF THE EVIDENCE THAT HIS TRAUMATIC BRAIN INJURY (TBI) WAS CAUSED BY THE ACCIDENT THAT OCCURRED ON OCTOBER 9, 2013?

YES \_\_\_\_\_ NO ✓ \_\_\_\_\_

Continue to question 7.

7. HAS PLAINTIFF ESTABLISHED BY A PREPONDERANCE OF THE EVIDENCE THAT HE SUFFERS FROM POST-TRAUMATIC STRESS DISORDER (PTSD)?

YES \_\_\_\_\_ NO ✓

If you answered "Yes" to question 7, continue to question 8.

If you answered "No" to question 7, continue to question 9.

8. HAS PLAINTIFF ESTABLISHED BY A PREPONDERANCE OF THE EVIDENCE THAT HIS POST-TRAUMATIC STRESS DISORDER (PTSD) WAS CAUSED BY THE ACCIDENT THAT OCCURRED ON OCTOBER 9, 2013?

YES \_\_\_\_\_ NO ✓

If you answered "Yes" to questions 2, 4, 6, *or* 8 continue to question 9.

If you answered "No" to questions 2, 4, 6, *and* 8, stop your deliberations and have the foreperson sign the verdict form on the last page.

9. STATE SEPARATELY THE AMOUNT AWARDED TO PLAINTIFF FOR THE FOLLOWING ITEMS OF DAMAGES FROM THE DATE OF THE ACCIDENT, OCTOBER 9, 2013, UP TO THE DATE OF YOUR VERDICT. IN MAKING ANY AWARDS, YOU MAY ONLY CONSIDER INJURIES THAT YOU HAVE FOUND PLAINTIFF PROVED BY A PREPONDERANCE OF THE EVIDENCE AS HAVING BEEN CAUSED BY THE ACCIDENT ON OCTOBER 9, 2013.

If you decide not to make an award as to any of the below items, you will insert the word "none" as to that item.

(I) Physical and mental pain and suffering for claimed Spinal injuries: \$ 36,500.00  
(you may only make an award for this claim if you answered "Yes" to both Questions 1 *and* 2 *or* 3 *and* 4)

(II) Mental pain and suffering for claimed TBI: \$ none  
(you may only make an award for this claim if you answered "Yes" to both Questions 5 *and* 6)

(III) Mental pain and suffering for claimed PTSD: \$ none  
(you may only make an award for this claim if you  
answered "Yes" to both Questions 7 and 8)

(IV) Past Medical Expenses:

(a) Evangelical Community Hospital \$ 4808.00

(b) Brookdale Medical Center 10/10/13 visit \$ 1023.00

(c) NY Med. Rehab. Center (110 West 34<sup>th</sup> Street)

(1) Geraldine McGowan, D.O. \$ 104.71

(2) Dr. Mark Russo, DC \$ 383.66

(3) Dr. Vincent Vasile (PT) \$ 8528.00

(4) Orthopedic Specialist (Liebowitz/Capiola) \$ 1042.85

(5) Dr. Jacob Lichy (MRIs) \$ 7200.00

(6) Precision Radiology (MRIs) \$ 3600.00

(7) Dr. Glen Rosenberg \$ 2500.00

(8) Dr. Hal Gutstein (neurologist) \$ 1179.00

(9) Greater New York Radiology, PC \$ 580.68

- (10) Deborah Goldman, PhD \$ 1708.08
- (11) Midtown Diagnostics \$ 1894.50
- (d) Accelerated Rehab & Pain Management \$ 52,897.92
- (e) Medisurg—Anesthesia \$ 10,500
- (f) North American Partners Anesthesia \$ 14,563.57
- (g) New York Spine (Drs. Lattuga/Cordiale/Mikelis)  
(including the lumbar surgeries and related care) \$ 114,000.00
- (h) Franklin / North Shore Hospital \$ 193,480.00
- (i) Dr. James Lawrence Thomas \$ 13,000.00

**10. STATE THE TOTAL AMOUNT OF DAMAGES FOR FUTURE PAIN AND SUFFERING AND EMOTIONAL DISTRESS, IF ANY, THAT PLAINTIFF JOSE BAUTA HAS ESTABLISHED BY A PREPONDERANCE OF THE EVIDENCE HE WILL SUFFER AS A RESULT OF THE OCTOBER 9, 2013 BUS ACCIDENT:**

If you decide not to make an award as to any of the above items, you will insert the word "none" as to that item.

- (I) Physical and mental pain and suffering for claimed Spinal injuries: (you may only make an award for this claim if you answered "Yes" to both Questions 1 and 2 or 3 and 4)  
\$ none Number of years none
- (II) Mental pain and suffering for claimed TBI: (you may only make an award for this claim if you answered "Yes" to both Questions 5 and 6)  
\$ none Number of years 0



- (III) Mental pain and suffering for claimed PTSD: (you may only make an award for this claim if you answered "Yes" to both Questions 7 and 8)

\$ none Number of years 0

(IV) Medical Expenses:

You may only make awards for future medical expenses that you find were established with reasonable certainty, that is each item is supported by competent evidence as to its need, cost and duration:

(a)	Rehabilitation Plan Development	\$ <u>3500.00</u>	<u>1</u> Years
(b)	Physical Therapy Evaluation	\$ <u>247.50</u>	<u>4</u> Years
(c)	Neuropsychological Evaluation	\$ <u>none</u>	<u>none</u> Years
(d)	Rehab Counselor/ Case Manager	\$ <u>none</u>	<u>none</u> Years
(e)	Physical Therapy	\$ <u>2000.00</u>	<u>4</u> Years
(f)	Psychological Therapy	\$ <u>none</u>	<u>none</u> Years
(g)	Cognitive Therapy	\$ <u>none</u>	<u>none</u> Years
(h)	Physiatrist	\$ <u>none</u>	<u>none</u> Years
(i)	Internal Medicine	\$ <u>187.50</u>	<u>23</u> Years
(j)	Neurosurgeon	\$ <u>none</u>	<u>none</u> Years
(k)	Orthopedist	\$ <u>325.00</u>	<u>23</u> Years
(l)	Pain Management physician	\$ <u>1780</u>	<u>1</u> Years
(m)	MRIs	\$ <u>279.50</u>	<u>10</u> Years
(n)	X-Rays	\$ <u>128.00</u>	<u>10</u> Years
(o)	EMG Studies	\$ <u>none</u>	<u>none</u> Years
(p)	Lumbar Epidural Injections	\$ <u>none</u>	<u>none</u> Years
(q)	Facet Joint Injections	\$ <u>none</u>	<u>none</u> Years
(r)	Radio Frequency Ablation	\$ <u>none</u>	<u>none</u> Years
(s)	Branch Block Injections	\$ <u>none</u>	<u>none</u> Years
(t)	Percocet	\$ <u>445.00</u>	<u>1</u> Years
(u)	Tizanidine/Zanaflex	\$ <u>530.00</u>	<u>36.5</u> Years
(v)	Motrin	\$ <u>none</u>	<u>none</u> Years

(x)	Shower Chair	\$ <u>50.00</u>	<u>1</u> Years
(y)	Handheld shower	\$ <u>30.00</u>	<u>1</u> Years
(z)	Grab bars	\$ <u>96.00</u>	<u>1</u> Years
(aa)	TENS machine	\$ <u>none</u>	<u>none</u> Years
(bb)	Orthotic low back support	\$ <u>36.00</u>	<u>2</u> Years
(cc)	Straight cane	\$ <u>14.00</u>	<u>12</u> Years
(dd)	Lumbar fusion surgery	\$ <u>125,000</u>	<u>1</u> Years
(ee)	Home care	\$ <u>8320.00</u>	<u>1</u> Years

When your deliberations are complete, have the foreperson sign and date the special verdict sheet below, and notify the Deputy that you have reached a verdict.

SIGNED: *Diana Morales*  
Foreperson

DATED: 5-21-18